Approved for use through 7/31/2008. OMB 0651-0032

٢	P	ATENT	APPL			required to respo	nd to ION	RECORD	nformation ur	less it dis	DEPARTMENT plays a valid OM cation or Docket	OF COMMER B. control num	
Substitute for Form PTO-875											10/00/644		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR	OTHER THAN OR SMALL ENTITY		
Ľ	FOR NUMBER FILED NUMBER EXTRA						7	RATE :	1	7		LEMILIT	
(37 (	BASIC FEE (37 CFR 1.16(a))						7	MIE	FEE	-	RATE	FEE	
TOT.	AL CLAIMS OFR 1.16(c))	7	_		20 - 1		$\dashv$		J:	OR		.5	
INDE	PENDENT OF	AIMS	minus 20		20 =	<del></del>	-[	X \$=	<u> </u>	OR	'X 8=	1	
	FR 1.16(b))			minus	3 =   •		1	X \$=		·or	x\s=		
MOT.	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+\$		OR	1.7		
K th	If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	<u> </u>	<del></del>	
					D - PART II			, IOIAL	L	OR	TOTAL	L	
11	1/1///	, ,	AS AIV	IENDE	U - PARTII					٠.			
10	175/06		mn, 1)		(Column 2	) (Column 3)		SMALL I	ENTITY	OR		R THAN	
ا≻		REM	AIMS:		HIGHEST NUMBER	PRESENT	7 1	RATE		7	SMALL	ENTITY	
ÄL	· .		TER DMENT	1	PREVIOUSL PAID FOR			A	ADDI- TIONAL	Ì	RATE	. ADDI- TIONAL	
Ĭ	Total (37 CFR 1.16(c))	1.6	19	Minus	69	=·	11		FEE		<del> </del>	FEE	
AMENDMENT	Independent (37 CFR 1.18(6))	1	7/3	Minus	1/	=	1 }	× \$=	-/-	OR	X \$=		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EIRCY BOCCC			<u> </u>	1/5		╁┟	× \$=		OR	X \$		
	FIRST PRESEN	TATION OF	MULTIPL	E DEPEN	DENT CLAIM (37	CFR 1.16(d))	JL	+3_=		OR	· .		
	•		•	•	•			ADD'L FEE		OR	TOTAL ADD'L FEE		
· ·	· · · · ·	(Colur			(Column 2)	(Column 3)				•		L	
	વીપીળી		INING		HIGHEST NUMBER	PRESENT	lſ	RATE	ADDI-				
	1.1	AMEN			PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		RATE	ADDI- TIONAL	
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ᆈ	ndependent 37 CFR 1.16(b))	1	3	Minus	"13	=				OR.	X \$=		
⋛┌	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1660)							X \$=	1	OR	× \$=/	<u>-</u>	
	····				CAT COMM (37 C	J. 1. 10(0)	_	TOTAL	+	OR,	+5_=		
	•				•			ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Colum CLA1		· ·	(Column 2)	(Column 3)							
		REMAI	NING	· [	HIGHEST NUMBER	PRESENT		RATE	ADĎI-		RATE	ADDI-	
<u> </u>		AMEND		· ·	PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE	· 1		TIONAL	
	Total 17 CFR 1.16(c))	·		Minus		=	×	. =			<del></del>	FEE	
2 4	dependent 7.CFR 1.16(b))	•		Minus :	•••	=	T	. =	<del></del>	OR	X \$=	÷	
FI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								<del></del>	OR	X \$=		
					55 (57 01	1.10(0//		S =		OR	+ \$ =		
• 11	the entry in co	lumn 1 is 1	ess than	the entry	in column 2 weit	le "0" in column 3	Α	DD'L FEE		OR	ADD'L FEE	·	
(	the "Highest N	umber Pre	viously P	ald For	IN THIS SPACE	Is less than 20, e	nler "				Α, -		
Th	e "Highest Nu	mber Prev	iously Pa	id For 1	olal or Independ	is less than 3, ent ent) is the highes	er "3"	ha <i>e farra e</i> l 1- et -					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.